

**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR DUPLICATE LICENSE**

Fee: One dollar will be paid to the Town Clerk and 6.00 dollars (DO NOT MAIL CASH) submitted with the application to:

DEPARTMENT OF ENVIRONMENTAL PROTECTION
LICENSE AND REVENUE UNIT
79 ELM STREET
HARTFORD, CT 06106

Please print or type the following information:

I, _____ of _____
(Name) (ResidenceAddress)
_____ hereby declare that a _____

License, Serial No. _____ was issued to me by the Town Clerk of _____.

Date of Issue _____ and that said license has been lost or destroyed.

I hereby apply for a duplicate license as provided by law.

IDENTIFICATION AS FOLLOWS:

Color of Eyes: _____ Color of Hair _____ Sex _____

Height _____ Weight _____ Date of Birth _____

Mailing Address _____
No., Street or R.R., Town, State & Zip Code

I declare under the penalties of false statement as provided by Section 53a-157 of the General Statutes, as amended, that the statements made herein are true and correct.

Applicant's Signature _____

I have issued the license described above, to the applicant as stated.

Signature of Town Clerk _____

Date of Issue _____

NOTE: There is no charge for a duplicate over 65 lifetime license.